

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579684

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		0		/		
5		5		/		
6		5		—		
7		0		/		
8		0		—		
9		0				
10		0				
11		0		/		
12		1		/		
13		0		—		
14		0		/		
15	1		1			
16		1		/		
17		2		/		
18		0		/		
19		0		—		
20		0				
21		0		/		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.		←	24	←	←	
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	
TOTAL CLAIMS			26			